



APPLICATION TO CAPTURE / HOLD / EUTHANIZE MUTE SWANS

Under Authority of Act 451 of PA of 1994, as amended

- IMPORTANT**
- It is the Applicant's responsibility to read and understand all of the conditions and requirements stipulated to in the Michigan DNR publication *Mute Swan Removal (IC2079-1)*.
 - Application is required annually to participate in the program.
 - A permit issued by the Michigan DNR is required to capture, transport, and euthanize swans.
 - A permit for removal will be issued only after permittee has obtained public approval. This approval consists of:
 - (1) a signed petition (good for a five (5) year period) representing 70% of the lakeshore property owners, or
 - (2) a written request (resolution) from a local unit of government with governing authority of the landowners on the subject lake/waterbody/site, or
 - (3) sole ownership of the lake/waterbody/site.

APPLICANT - Check one of the boxes below.

- ☐ A government agency acting on behalf of the property owner.
- ☐ A Lake Association or Lake representative, representing property owners on the subject lake/body of water/site. Applicant hereby attests to having possession of a petition that represents at least 70% of the lakeshore property owners giving approval to conduct the round-up program on the site listed above, and that, upon request, will provide that petition to the Michigan DNR. The petition submitted will be valid for a 5-year period; however, applicant must apply annually for the program.

Name of Lake Association _____

President of Association _____

- ☐ An individual with sole ownership of a business, institution, corporation, or other entity, which owns/controls all lands surrounding or containing the subject lake/body of water/site.

Please print.

Name of Lake/Site Business	County	Township/City/Village
Permittee/Contact Person	Daytime Telephone ()	
Street Address	FAX ()	
City State/ZIP	E-mail	
Who will capture the birds?	Who will euthanize the birds?	
Who will do the actual rounding up of the birds? <input type="checkbox"/> Myself, or with others assisting OR <input type="checkbox"/> Private Contractor/Designee as listed above		

I certify that I have read and understand the Michigan DNR publication Mute Swan Removal (IC2079-1) and agree to abide by the program guidelines. I further certify that I have in my possession and will provide to the Michigan DNR upon request, the petitions having the above approval.

Name of Applicant (please print)

Signature

Date

Submit Report to the issuing Wildlife Management Unit Biologist within 15 Days of Management Activities